Revised December 1974

SFUND RECORDS CTR 999000480

STATE DEPARTME	ENT OF HEALTH
PRODUCER OF MASTE (Must be filled by producer)  Name (print or type): WESLACE (	RAULER OF WASTE (Must be filled by hauler)  Name (print or type): SUDGET OF Industrial Pum inc Pl
Osch up Address: 13344 SMIA STL. Code Ho.	Business Address: 2501 W. Manchester Ave. Inc.
(Number) (Street) (City) Telephone Number: P.O. or Contract No.:	Telephone Mumber: 778 (Mumber 42 (Street) (City) Time: : Open
Order Placed By: Date:	State Liguid Waste, Hauler's Registration No. (it applicable): 483
Type of Process	Job No.: / Unit No.:
which Produced Wastes: Examples: metal plating, equipment cleaning, oil drilling-Code No.	•
mestewater treatment, pickling bath, petroleum refining)	The described waste was highligh by me to the disposal (speciff)
DESCRIPTION OF WASTE (Must be filled by producer)	facility named below and was accepted.
Check type of wastes:  1.   Acid solution	I certify (or declare) under penalty of perjury that the foregoing is true
2. Alkaline solution 9. 0 01 3. Pesticides 10. Drilling and	and correct.  Signature of authorized agent and title
4 (1) Paint studge 11. (1) Contaminated soil and sand 1. (1) Contaminated soil and sand 1. (2) Connery waste	DISPOSER OF WASTE (Mus) be dilled by disposer)
<ol> <li>Tetraethyl lead sludge 13. Q.hater waste</li> </ol>	Name (print or type)
7. Chemical toilet wastes 14. Saug and water 15. Brine	Site Address
Other (Specify)	The haule' above delivered the described waste to this disposal faculity and it was an acceptable material under the terms of RMQCB requirements, State appartment of Health regulations, and local restrictions.
Components	Quantity measured at site (if applicable): State ter (if anv):
(Examples: Hydrochioric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower to ppm	Handling Method(s):
organics (list), cyanide)	recovery
<u></u>	treatment (specify):
<del>*</del>	treatment (specify):  (Fximples: incinetation, neutralization, precipitation)-Code No.  disposal (specify):  pther specify):  pther specify):
*	
<u></u>	If weate is held for desphash elaphors specify final toution
<del></del>	Disposal Date:
<u> </u>	of perjury that the foregoing is true
Hasardous Properties of Waste:  pH   nonetoxicflamablecorrosiveexplosive	Signature of authorized agent and title
Bulk Volume:   galtons   other	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (Aumber)   drums	
Physical State:	$\mathcal{A}$
Special Mandling Instructions (if any):	·
	AURS:74 150
	ATO ATO
The waste is described to the best of my ability and is was delivered to	N. ——
a licensed liquid waste hauler (if applicable)  I certify (or declare) under penalty	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
of perjury that the foregoing is true and correct.	AZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
Synathre of authorized agent and tille	///